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.	CLAIMS AS FILED - PART I (Column 2)						SMALL ENTITY		OTHER THAT			
l	FOR		HUMBER FILED				SMALL ENTIL		OR	SMALL ENTITY		
ŀ	6ASK FEE (1) OFR 1.16(#1)				NUMBER EXTRA	- RATI	E FE	€	RA	IF		
Ī	TOTAL CLAIMS (37 CFR 1.16(c))						5		OR		· FIL	
ŀ	INDEPENDENT CLAIME		minus 20 c			x 1 2 5) <u> </u>		OR × 5		\$	
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-	MULTIPLE DEPE	MOENT CLAIM	(37 CFR 1.16)	+5:180	5 1-	- 1 '	"					
	" (I the difference		 	9	DR +34	2Q						
	"(the difference in column 1 is less than zero, enter 10° in column 2. CLAIMS AS AMENDED - PART (1					. TOTAL	L		OR TOTA	u		
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ပ		CLAIMS REMAININ	c	HIGHEST	PRESENT					r		
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₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5180=		OR	x 5200		<u> </u>	
	TOTAL								+ ,360.			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"												
٠.	4 11 11	ANTERIA LIGAR	usty Paid For	IN THIS SPACE	is less than 20 er	nler *20°					J	

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the trightest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reburding this burden, should be sent to the Chief Information Officer, U.S. Oparliment of Commercia, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22311-1450.

If you need assistance in completing the form, cett 1-600-PTO-9199 and scled option 2